



AUTHORIZATION AGREEMENT FOR ACH BANK DRAFTING

Name: _____ **Account #:** _____

Address: _____

Email: _____ **Phone #:** _____

I hereby authorize the *North Huntingdon Township Municipal Authority*, hereinafter called **NHTMA**, to initiate withdrawals from my account designated below at the financial institution named in this application for full payment of monthly or quarterly sewage bills, and authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and **NHTMA** reserve the right to terminate this automatic withdrawal (ACH) and/or my participation therein. I also understand that I may discontinue enrollment at any time with written notice to **NHTMA**, in such time and in such manner as to afford a reasonable time to act on it. I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.

Please check one of the following: Monthly (\$52.30) or Quarterly (\$156.90)

(rates are subject to change)

Please choose one of the following: Checking Account (***Please provide a blank Voided Check, ACH WILL NOT BEGIN WITHOUT THIS***)

Bank Name: _____ **Branch Location:** _____

Bank Address & Phone #: _____

Routing #: _____ **Account #:** _____

OR

Savings Account (A passbook savings cannot be used)

Bank Name: _____ **Branch Location:** _____

Bank Address & Phone #: _____

Routing #: _____ **Account #:** _____

The ACH amount will be withdrawn from your bank account on the **30th of each month** (or the following business day if the 30th is a weekend). (The 27th or 28th in February.) (Please note that changes made to your ACH arrangements such as a new bank or account # will not take effect until your next quarterly billing cycle. Changes cannot be made mid-cycle.)

Name (please print): _____ Date: _____

Signature: _____